

State of New Mexico
 Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD
 AsOfDate 05/18/2012

0000168389 5/29/12

Voucher	Vchr	VchrLineDescr	Distr	Account	Account	Fund	VendorName	1099	Withhold	Accounting Period	PurchaseOrder	Invoice Number	Total Amount	
Number	Line		Line#	Description						Year	Month			
00294592	1	I/S Meals & Lodging	1	542200	Employee I/S Meals & L	06101	ADAMS RICH-001			2012	05	0000080228	Adams, R. 4.10-4	115.00
00294592	2	I/S Mileage and fare	1	542100	Employee I/S Mileage &	06101	ADAMS RICH-001			2012	05	0000080228	Adams, R. 4.10-4	187.37
Total For Voucher													302.37	

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500

Invoice Number: Adams, R. 4.10-4.11.12

Voucher ID: 00294592

Invoice Date: 05/11/2012

Voucher Style: Regular

Total: 302.37

Vendor: ADAMS, RICHARD B

*Pay Terms: Pay Now  Schedule Payments

RUIDOSO PUBLIC HEALTH OFFICE

RUIDOSO, NM 88345

Payment Information

Scheduled Payment: 1

*Remit to: 0000097303 

Location: 001 

*Address: 1 

ADAMS, RICHARD B
RUIDOSO PUBLIC HEALTH OFFICE
103 KANSAS CITY RD
RUIDOSO, NM 88345

Gross Amount: 302.37 USD

Discount: 0.00 USD ☐ Discount Denied

Late Charge

Scheduled Due: 05/11/2012 

Net Due: 05/11/2012

Discount Due:

Accounting Date:

Payment Method

*Bank: WFB10 

*Account: B 

*Method: ACH  ACH

Message:

Message will appear on remittance advice.

Pay Group: 

*Handling: RE 

*Netting: N 

Messages

Summary Invoice Information Payments Voucher Attributes Error Summary

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Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Accounting Instructions

*Accounting Template: STANDARD Account At: Gross

Match Action

*Status: Ready
☐ Pay UnMatched Voucher

Transaction Currency

*Source: Tables *Currency: USD Rate Type: CRRNT Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level Business Process: PROCESS_VOUCHERS
Approval Rule Set: Payment Approval Rule Set 1

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur) SBI Number:

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

AGENCY
NAME New Mexico Department of Health

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE 2
DATE 4/10/12
AGENCY
CODE 66500
VOUCHER
NUMBER 00294592

NAME Richard Adams		CAR LICENSE NUMBER LTR613		POST OF DUTY Ruidoso		PROPOSED (ADVANCE VOUCHER) ☐							
SOCIAL SECURITY NUMBER 97303		MODEL Ford		RESIDENCE Ruidoso		ACTUAL (RECOUPMENT VOUCHER) ☒							
NORMAL WORK DAY 8am to 5pm		YEAR 2011											
DATE	TIME SHOW AM OR PM	DEPARTURE	ARRIVAL	CHARACTER OF EXPENDITURES ENTER DESTINATION, NATURE, OF OFFICIAL BUSINESS, PARTY CONTACTED AND MISCELLANEOUS		ODOMETER READINGS ENTER START AND FINISH		NO. OF MILES		MILEAGE	PER DIEM	MISCELLANEOUS	TOTALS
4/10/12	7:00am			Depart Ruidoso to T or C to attend meeting at NMSVH Map miles- Depart T or C to Los Lunas to attend meeting at LLCPOvernight Map Miles- Depart Los Lunas to Ruidoso miles-162 Partial day per diem-12 hrs.		Map miles 170		125		69.70			69.70
4/10/12						Map miles 162		162		51.25	85.00		136.25
4/11/12										66.42	30.00		96.42
PER DIEM IS BASED ON (CHECK ONE) ACTUAL ☐ APPROVED RATES ☒				I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverages; I further certify that no further payment will be sought for the travel/training covered by this voucher.				TOTALS		457	187.21	115.00	302.37
				Employee Signature				Date					
☒ Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA Regulations Governing the PerDiem and Mileage Act.													

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LAST MODIFIED ON: 04/27/2012 14:29

(1) DFA COPY

(2) ACCOUNTING COPY

(3) VENDOR REIMBURSEMENT

(4) ORIGINATOR COPY

I, Richard Adams
do solemnly swear that the above claim for reimbursement is just and true in all respects and complies with the
DFA Regulations Governing the Per Diem and Mileage Act.
PAYEE SIGN HERE X *Richard Adams* 4/10/12

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO, OFM
	Department ID and Fund:	6001001000	Telephone:	575-653-4871
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	☐ Check if state vehicle		☒ Check if personal vehicle		License #:	LTR613
	Year:	2011	Make:	Ford	Model:	Explorer

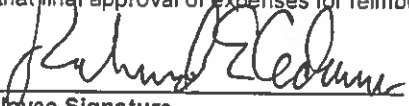
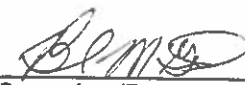
Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name:	Travel to T or C and LLCP to tour facilities				
	☒ Check if training is required			☐ Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	04/11/12	Destination:	T or C, NM and also Los Lunas		
	Departure Date: (month/day/yr)	04/10/12	Time:	07:00 AM	Return Date: (month/day/yr)	4/11/12 Time: 07:00 PM
	☒ In-State ☐ Out-of-State ☐ Training ☐ Time Only ☐ *Actuals ☐ No cost to State/Paid By:					

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage: 457 @ .41 per mile	\$ 187.32
546800: Registration – Employee		542200: In-State Per Diem: 1 @ \$85/day	\$ 85.00
546800: Registration – Vendor		Santa Fe Only: @ \$135/day	\$ 0.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem: @ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals: @ /day	\$ 0.00
Baggage Fee		With meals: @ \$45/day	\$ 0.00
Shuttle Fee		Partial day: @ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day: @ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day: 1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee	\$
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip	\$ 302.32
Car Rental: days @ per day	\$ 0.00		

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

 Employee Signature	5-8-12 Date	 Supervisor/Bureau Chief Signature	4/17/12 Date
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Division Director/Hospital Administrator
(As per specific division requirements)

Date

Cabinet Secretary Signature

(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)

Date



From: Los Lunas, NM, US

To: Ruidoso, NM, US

162.3 miles

2 hrs 55 min

A Los Lunas, NM, US

Total Distance: 162.3 miles

Total Time: 2 hrs 55 min

	Directions	Mileage	Total Mileage
1.	Turn left on I-25 S	1.2 miles	1.2 miles
2.	Exit right following the sign San Antonio(US-380 E)/Carrizozo (EXIT 139)	63.5 miles	64.7 miles
3.	Road Forks, Keep Right State Highway 37	73.8 miles	138.5 miles
4.	Turn right continuing on State Highway 48/Billy the Kid Trl	14.2 miles	152.7 miles
5.	Turn left on Sudderth Dr/Billy the Kid Trl/NM-48	9.5 miles	162.2 miles
6.	Arrive at your destination	350 feet	162.3 miles

B Ruidoso, NM, US

Total Distance: 162.3 miles

Total Time: 2 hrs 55 min

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